

RECEIVED
CENTRAL FAX CENTER

OCT 17 2005

FENWICK & WEST LLP

Silicon Valley Center • 801 California Street • Mountain View, CA 94041
Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com

FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE: October 17, 2005

CLIENT-MATTER No.: 24207-10104

To:

NAME	FAX No.	PHONE No.
USPTO	571-273-8300	

E 8 55

FROM: Sabra-Anne R. Truesdale PHONE: (650) 335-7187

SENT BY: Dana Chevalier PHONE: (650) 943-5363

NUMBER OF PAGES WITH COVER PAGE: 3	ORIGINAL WILL NOT FOLLOW
------------------------------------	--------------------------

MESSAGE:

Please see attached.

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL DANA CHEVALIER AT (650) 943-5363 AS SOON AS POSSIBLE.

A1000/00103/DOCS/1403268.1

RECEIVED
CENTRAL FAX CENTER

OCT 17 2005



TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	10/814,487	
	Filing Date	March 31, 2004	
	First Named Inventor	Niniane Wang	
	Group Art Unit Number	2171	
	Examiner Name	Not Yet Known	
Total Number of Pages in This Submission	2	Attorney Docket Number	24207-10104 (formerly 53051/297274)


ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Correspondence Address Indication Form
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Sabra-Anne R. Truesdale, Reg. No. 55,687	Dated: 10-17-05

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.		
Signature:		
Typed or Printed Name:	Sabra-Anne R. Truesdale	Dated: 10-17-05
Facsimile Number:	571-273-8300	

24207/10104/DOCS/1565846.1

CORRESPONDENCE ADDRESS INDICATION FORM		Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
Please recognize the following address as the correspondence address:			
<input checked="" type="checkbox"/> Customer Number		00758	
OR		Type Customer Number here	
<input type="checkbox"/> Request for Customer Number (PTO/SB/125) submitted herewith.			
in the following listed application(s) or patent(s):			
Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	10/541,476		09-30-2004
	10/749,439		12-31-2003
	10/749,440		12-31-2003
	10/749,620		12-31-2003
	10/750,105		12-31-2003
	10/750,109		01-26-2004
	10/765,014		03-31-2004
	10/813,818		03-31-2004
	10/814,365		03-31-2004
	10/814,414		03-31-2004
	10/814,487		03-31-2004
	10/814,766		03-31-2004
	10/814,773		03-31-2004
	10/814,908		03-31-2004
	10/814,924		03-31-2004
	10/815,158		05-26-2004
	10/854,060		06-22-2004
	10/872,504		06-30-2004
	10/881,643		06-30-2004
	10/882,059		06-30-2004
	10/882,066		09-23-2004
	10/948,710		12-20-2004
	11/018,812		12-31-2004
	11/026,616		12-31-2004
	11/026,681		12-31-2004
Typed Name	Sabra-Anne R. Truesdale		(check one) <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> Attorney or Agent of record 55,687 (Reg. No.)
Signature			
Date	10-17-05		
Address of signer:	Fenwick & West LLP Silicon Valley Center 801 California Street Mountain View, CA 94041 Tel.: (650) 335-7187 Fax.: (650) 938-5200		
NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> *Total of one form is submitted.			